



DETERMINATION OF NEED (Medical Assistance)

Case Name	Prior Medical Period	From		Through		
	Redetermination Period	From		Through		
Case Number	Eligibility Base Period	From		Through		
		From		Through		
			1	2	3	4
			5	6	7	
	From:					
	Through:					

A. MONTHLY EARNED INCOME

1. Gross Income						
2. IRWE/BWE Dependent Care exp.	-	-	-	-	-	-
3. Adjusted Gross Earned Income	=	=	=	=	=	=

B. MONTHLY UNEARNED INCOME

4. OASDI-RR						
5. Other	+	+	+	+	+	+
6. Other	+	+	+	+	+	+
7. Gross Unearned Income	=	=	=	=	=	=

C. FINAL COMPUTATION

8. Total Income (3+7)						
9. MS Disregard	-	-	-	-	-	-
10. Allocated Income/Child Support	-	-	-	-	-	-
11. <u>Countable Income</u>	=	=	=	=	=	=
12. Number of months	X	X	X	X	X	X
13. Income for Period	=	=	=	=	=	=
14. Irregular Income in Period	+	+	+	+	+	+
15. <u>Total Countable Income</u>	=	=	=	=	=	=
16. Protected Income (or Poverty Level Standard)	-	-	-	-	-	-
17. <u>Total Spenddown</u>	=	=	=	=	=	=
18. Medical Insurance and Other	-	-	-	-	-	-
19. Client Obligation or Adjusted Spenddown	=	=	=	=	=	=

Approved-Suspended						
Denied						
Eligible No Spenddown or Spenddown Met, Including LTC						
	<u>Initial Date</u>					

PROTECTED INCOME TABLE					POVERTY LEVEL STANDARDS				Computation and Documentation	
No. Mos	Persons in independent Living				No of Persons Income Counted	Mo. 100% Level	Mo. 120% Level	Mo. 135% Level		Mo. 200% Level
	1	2	3	4						
Persons in LTC, except for HCBS, have \$62 monthly protected needs allowance. Persons in HCBS have a \$727 monthly income standard.					1	\$1041	\$1249	\$1406	\$2082	\$3123
1	\$475	\$475	\$480	\$497	2	\$1410	\$1691	\$1930	\$2819	\$4228
2	\$950	\$950	\$960	\$994	3	\$1778	\$2133	\$2400		\$5333
3	\$1425	\$1425	\$1440	\$1491	4	\$2147	\$2575	\$2897		
4	\$1900	\$1900	\$1920	\$1988	For each additional person, add:					
5	\$2375	\$2375	\$2400	\$2485		\$369	\$442	\$498		
6	\$2850	\$2850	\$2880	\$2982						
For each additional person, add \$61										